

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Referent</i>		<i>10-10-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>SA</i>	<i>5628</i>	<i>11-2-01</i>
RESPONSE FORMALITY REVIEW		<i>JC1039</i>	<i>03/25/02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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59	✓ ✓
60	✓
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64	✓
65	✓
66	✓
67	✓
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69	✓
70	✓
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73	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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565 561 03/25/02